

# Behavioral and Primary Healthcare Coordination



Effective June 1, 2014, pending federal approval, Indiana is making several changes to Medicaid disability eligibility. Among these changes, the State will no longer operate the Medicaid spend down provision. Individuals with income over 100 percent of the federal poverty level (FPL) will be eligible to receive subsidized coverage on the federal Marketplace or may receive coverage through Medicare with premium and cost-sharing support provided through the Medicare Savings Program.

The Family and Social Services Administration (FSSA) is also developing a new program, Behavioral and Primary Healthcare Coordination (BPHC), to assist individuals with a serious mental illness who won't otherwise qualify for Medicaid or other third party reimbursement for the level of intense services they need to function safely in the community. The BPHC program will provide supportive and intensive community based services to individuals with serious mental illness who demonstrate impairment in self-managing their healthcare needs. An individual who is deemed eligible for BPHC will receive full Medicaid benefits. The Hoosier Health Card and member number will not change for an individual approved for the BPHC program. This document provides an overview of the action being requested of Indiana's Community Mental Health Centers (CMHCs) to assist in transitioning individuals to BPHC before the June effective date as well as the ongoing application process.

## Program Implementation: Individuals Currently on Spend Down

### CMHC Action Needed

- ▶ A list of potentially eligible enrollees was provided by DMHA as a guide. However, CMHC's real-time data may provide more current information regarding each individual's possible eligibility. Please identify current Medicaid-enrolled consumers that meet the following criteria:
  - ▶ Currently enrolled in Medicaid on spend down with income between 100-300% of the Federal Poverty Level (FPL)
  - ▶ Age 19 or older
  - ▶ Has a Medicaid Rehabilitation Option (MRO)/BPHC eligible primary behavioral health diagnosis
  - ▶ Demonstrates a need and desire to continue to utilize MRO services
  - ▶ Requires assistance and support managing co-morbid health issue(s) due to mental illness
- ▶ Send the names of any individuals on the BPHC potentially eligible list sent by DMHA who may be removed from the list to [DARMHA@fssa.in.gov](mailto:DARMHA@fssa.in.gov). Examples of reasons someone would be removed from the list include:
  - ▶ Death
  - ▶ Dropped out of treatment
  - ▶ Moved out of service area
  - ▶ Never received MRO services
  - ▶ Under age 19
- ▶ Please provide outreach to individuals identified by your agency as potentially meeting the BPHC eligibility criteria.
- ▶ Advise consumers of upcoming changes and discuss BPHC as an option as appropriate. If not appropriate for BPHC, please provide information on additional resources they may pursue to ensure on-going health coverage.
- ▶ If BPHC is a good option, initiate the application process with the consumer.
- ▶ Complete all information in the BPHC web-based application and submit it by April 1, 2014.

### Monthly Income Threshold

100% FPL	300% FPL
\$973	\$2,918

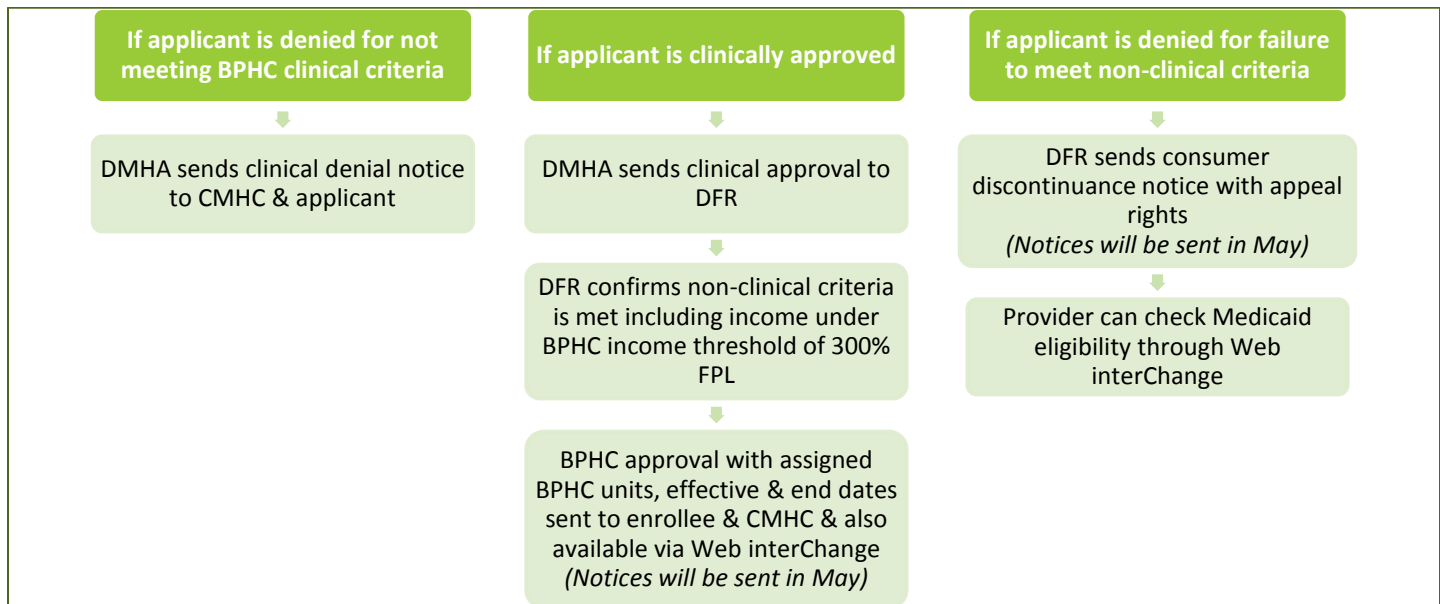
*If there are children or other qualifying dependents in the individual's household, an individual's income may be higher than those listed in this table. A \$361 per qualifying individual deduction may be applied.*

### Medicaid Enrollee Action Needed

- ▶ Complete the BPHC application with CMHC.
- ▶ Complete Medicaid eligibility renewal when annual redetermination is due.

- Current Medicaid eligibility renewal processes will continue and individuals will be notified in writing when it is time to renew.
- To be eligible for BPHC, an individual must also be Medicaid eligible.
  - Once an applicant is determined clinically eligible for BPHC, the Division of Family Resources (DFR) utilizes an income threshold of up to 300% FPL to determine Medicaid eligibility.

#### What to Expect After BPHC Application Submission



#### **Post-Implementation: Applications Submitted After 4/1/14**

##### Eligibility Criteria

- While no one is prohibited from applying to the BPHC program, individuals who will maintain Medicaid eligibility after June 1 will continue to have access to services similar to BPHC (e.g., MRO and Adult Mental Health and Habilitation (AMHH) services).
- Service units for BPHC will be approved in conjunction with these other complimentary programs, and therefore, individuals would not receive additional service units or benefits by applying for BPHC.
- Individuals who will maintain Medicaid eligibility, without the need for BPHC include:
  - Individuals with Supplemental Security Income (SSI)
  - MED Works enrollees
  - Individuals with a Social Security Administration (SSA) disability determination with income under 100% FPL

##### Individuals Identified by CMHCs as BPHC Eligible and Not Enrolled in Medicaid

- Individuals who are not Medicaid-enrolled at the time of BPHC application must also initiate the Medicaid application process, including a determination of disability by the Social Security Administration (SSA). BPHC will not be reimbursed until a Medicaid eligibility decision is rendered.
- CMHCs complete the BPHC application through DARMHA and refer individuals to the Medicaid eligibility determination process.
- Once an applicant is determined clinically eligible for BPHC, DFR will apply the 300% FPL threshold to determine financial eligibility for BPHC.